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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Unit : 1624  
Examiner : Kahsay Habte  
Serial No. : 10/537,325  
Filed : June 2, 2005  
Inventors : Michihiro Ohno  
: Ryoji Hayashi  
: Masafumi Isogaya  
: Hiroshi Ueda  
Title : BENZOMORPHOLINE DERIVATIVES

Customer No. 035811

Docket No.: HIR-05-1144

Confirmation No.: 3199

Dated: July 27, 2006

**Mail Stop Amendment**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

**Certificate of Mailing Under 37 CFR 1.8**

For

Postcard  
Amendment Transmittal Letter, in duplicate  
Amendment  
Declaration of Dr. Michihiro Ohno

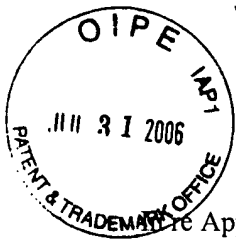
I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to **Mail Stop Amendment**, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date appearing below.

Name of Applicant, Assignee, Applicant's Attorney  
or Registered Representative:

DLA Piper Rudnick Gray Cary US LLP  
Customer No. 035811

By: *Alessia A. Silberman*

Date: 7/27/06



Attorney Docket No.: HIR-05-1144

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Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

\_\_\_ Small entity status of this application under 37 CFR §1.9 and §1.27 has been established.

\_\_\_ A verified statement to establish small entity status under 37 CFR §1.9 and §1.27 is enclosed.

x No additional fee is required.

The fee has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	RATE	ADD'L FEE		RATE	ADD'L FEE
TOTAL	* 12	- **20 =	x 25 =	\$		x 50 =	\$
INDEP.	* 2	- ** 3 =	x 100 =	\$		x 200 =	\$
Application Size Fee				\$		x 250 =	\$
First Presentation of Multiple Dependent Claim			+ 180 =	\$		+ 360 =	\$
TOTAL ADDITIONAL FEE			\$ _____			OR \$ _____	

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

\_\_\_ Please charge my Deposit Account No. 50-2719 in the amount of \$ \_\_\_\_\_. A duplicate copy of this sheet is enclosed.

\_\_\_ A check in the amount of \$ \_\_\_\_\_ is attached.

x The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-2719. A duplicate copy of this sheet is enclosed.

- x Any filing fees under 37 CFR §1.16 for the presentation of extra claims.
- x Any patent application processing fees under 37 CFR §1.17 with the exception of the Issue Fee which we intend to pay by check.

Respectfully submitted,



T. Daniel Christenbury  
Reg. No. 31,750  
Attorney for Applicants

TDC/as  
(215)656-3381



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**RESPONSE**

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Commissioner for Patents  
P.O. Box 1450  
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Sir:

In response to the Official Action dated May 10, 2006, the Applicants amend the Application as follows: